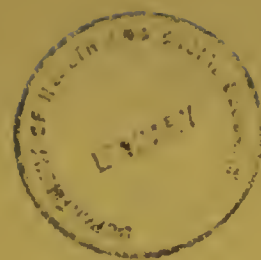


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BOROUGH OF RYE



ANNUAL REPORT

of the

Medical Officer of Health

for the Year 1969

by

M. I. SILVERTON

O.B.E., T.D., Q.H.P., M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

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To the Mayor, Aldermen and Councillors

of the Borough of Rye.

I have the honour to present the Annual Report for the year 1969.

One notable first time highly commendable feature being the nil return relating to the mortality of infants under one year which when coupled with no maternal mortality reflects great credit on the medical and nursing cover as well as the individual personal care of those concerned.

I am obliged to the Town Clerk and members of his staff for their assistance in supplying statistics relating to housing and other social services and the Chief Public Health Inspector for those figures relevant to his duties.

I am indebted to the Town Clerk and other Officers for their courtesy and co-operation.

I am grateful to the Mayor, Aldermen and Councillors for their stimulating interest and support.

Your obedient servant,

M. I. SILVERTON

Medical Officer of Health

The Watch Oak,

BATTLE,

Sussex.

Telephone: Battle 2214

(2)

B O R O U G H O F R Y E

PUBLIC HEALTH COMMITTEE

(constitution as at 31st December, 1969)

Chairman:

Alderman M. W. BEEVERS

Vice-Chairman:

Councillor G. SCOTCHER

Councillor P. N. ELLIS, J.P (His Worship the Mayor)

Councillor M. G. BEDFORD

Councillor G. E. FERRARI

Councillor MRS. B. COPE

Councillor W. S. MACER

Councillor MRS. E. PHILPOTT

S T A F F

Medical Officer of Health:

M. I. SILVERTON, O.B.E., O.St.J., T.D., M.R.C.S., L.R.C.P., D.P.H.,
F.R.S.H

(also Medical Officer of Health to the Rural District of Battle
and School Medical Officer to East Sussex County Council)

Chief Public Health Inspector,
Surveyor and Town Planning Officer:

R. J. CONNOLLY, M.I.P.H.E., C.R.S.I

The staff of the Battle Rural District
Public Health Department carry out all the clerical
work of the Medical Officer of Health.

STATISTICS RELATING TO THE BOROUGH OF RYE

Area of Borough in acres (estimated).. .. 1,027

Population (Registrar General's estimate for mid-year) .. 4,470

Analyses of Rateable Values

	<u>1st April, 1969</u>	<u>1st April, 1970</u>
Domestic Properties.. ..	£116,322 60.14%	£121,166 58.55%
Commercial Properties ..	£42,853 22.16%	£44,132 21.33%
Industrial Properties ..	£11,135 5.76%	£12,635 6.10%
Other Properties.	£23,099 11.94%	£29,011 14.02%
	<u>£193,409 100.00%</u>	<u>£206,944 100.00%</u>
Product of a 1d rate ..	£775	£826
Number of rateable properties as at 1st April	2,289	2,421

VITAL STATISTICS

Mothers and Infants

Live Births				Stillbirths			
	Male	Female	Total		Male	Female	Total
Legitimate	21	32	53	Legitimate	0	0	0
Illegitimate	5	4	9	Illegitimate	0	0	0
	26	36	62		0	0	0

	BOROUGH OF RYE	ENGLAND AND WALES
Illegitimate Live Births as percentage of all live births.. ..	15	8
Live Birth Rate per 1,000 population	13.9	16.3
Standardised Birth Rate	16.4	16.3
Stillbirth Rate per 1,000 total live and stillbirths.. ..	Nil	13*
Total Live and Stillbirths	62	808,204
Infant Deaths (deaths under one year)	Nil	14,397
Infant Mortality Rates		
Total infant deaths per 1,000 live births.. ..	Nil	18
Legitimate infant deaths per 1,000 legitimate live births	Nil	17
Illegitimate infant deaths per 1,000 illegitimate live births	Nil	25
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	Nil	12
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births).. ..	Nil	10
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	Nil	23
Maternal Mortality (including abortion)		
Number of deaths.. ..	Nil	310
Rate per 1,000 total live and stillbirths.. ..	Nil	0.38

* Lowest rate recorded.

Deaths

Borough of Rye		England and Wales	
Male.. ..	22	Male.. ..	296,561
	57		282,817
Female		Female	
			579,378
Deaths per 1,000 home population (crude rate)	12.8		11.9
Standardised death rate.. ..	10.8		11.9

The standardised Birth and Death Rates pay due regard to the increased proportion of aged and retired persons within the Borough as compared with England and Wales, and this is reflected in the increased number of deaths and the comparatively low number of births.

Equalisation is achieved by using a comparability factor which is provided annually by the Registrar General.

(4)

DETAILED CAUSES OF DEATH

	Sex	Total All Ages	Under 1 Year	1-14	15-24	25-34	35-44	45-54	55-64	65 and over
Malignant Neoplasm, Intestine	M	3	-	-	-	-	-	-	-	3
	F	1	-	-	-	-	-	-	-	1
Malignant Neoplasm, Lung, Bronchus	M	2	-	-	-	-	-	-	1	1
Malignant Neoplasm, Breast	F	2	-	-	-	-	-	-	2	-
Other Malignant Neoplasms	F	3	-	-	-	-	-	-	-	3
Diabetes Mellitus	F	1	-	-	-	-	-	-	-	1
Other Diseases of Nervous System, etc	M	1	-	-	-	-	-	-	-	1
Ischaemic Heart Disease	M	6	-	-	-	-	-	-	2	4
	F	7	-	-	-	-	-	-	2	5
Other Forms of Heart Disease	M	1	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	1
Cerebrovascular Disease	M	3	-	-	-	-	-	-	1	2
	F	10	-	-	-	-	-	-	-	10
Other Diseases of Circulatory System	M	1	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	1	2
Influenza	M	1	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	1
Pneumonia	M	1	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	3
Bronchitis and Emphysema	M	3	-	-	-	-	-	-	3	-
Other Diseases, Genito-Urinary system	F	2	-	-	-	-	-	-	1	1
All other Accidents	F	1	-	-	-	-	-	-	-	1
TOTAL ALL CAUSES	M	22	-	-	-	-	-	-	7	15
	F	35	-	-	-	-	-	-	6	29

(5)

MAIN CAUSES OF DEATH

	1967	1968	1969
(i) Diseases of the heart and circulatory system (coronary disease)	7 (11.1%) 10 (15.9%)	8 (11.6%) 12 (17.4%)	6 (10.5%) 13 (22.8%)
(ii) Vascular lesions of the nervous system	10 (15.9%)	18 (26.09%)	13 (22.8%)
(iii) Malignant neoplasms (Cancer of lung and bronchus) (Cancer all other forms)	7 (11.1%) 15 (23.8%)	3 (4.3%) 12 (17.4%)	2 (3.5%) 9 (15.8%)
(iv) Respiratory diseases (excluding tuberculosis)	5 (7.9%)	6 (8.7%)	9 (15.8%)

DEATHS FROM SPECIFIC CAUSES AND RATES PER 1,000 POPULATION

	Borough of Rye		England and Wales	
	No. of deaths	per 1,000 population	No. of deaths	per 1,000 population
Tuberculosis (respiratory)..	Nil	Nil	1,092	0.02
Bronchitis.. .. .	3	0.67	35,470	0.73
Pneumonia (excluding pneumonia of the new born) ..	4	0.89	41,081	0.84
Vascular disease including coronary and heart disease	32	7.16	293,735	6.02
Cancer of the lung and bronchus	2	0.45	29,768	0.61
Cancer, all other forms ..	9	2.01	84,936	1.74
Motor vehicle accidents ..	Nil	Nil	6,628	0.14
All other accidents	1	0.22	10,628	0.22

DEATHS - 65 YEARS OF AGE AND OVER

	Borough of Rye			Greater London		
	1967	1968	1969	1967	1968	1969
Total deaths	63	71	57	85,285	90,287	88,640
No. of deaths 65 years and over	49	49	50	58,588	63,170	61,682
Percentage of total deaths	77.8	69.0	87.7	68.6	69.6	69.6

SUMMARY OF POPULATION, BIRTHS AND DEATHS WITH RATES, 1959-1969

<u>Year</u>	<u>Estimated Population</u>	<u>Total Live Births</u>			<u>Birth Rate England & Wales</u>	<u>Total Deaths</u>			<u>Standardised Birth Rate</u>	<u>Standardised Death Rate</u>	<u>Death Rate England & Wales</u>	<u>Natural Variation</u>
		M	F	Total		M	F	Total				
1959	4,470	31	27	58	13.2	31	33	64	12.3	12.3	11.6	- 6
1960	4,480	34	23	57	12.9	30	28	58	11.1	11.1	11.5	- 1
1961	4,420	27	24	51	11.7	40	31	71	13.8	13.8	12.0	- 20
1962	4,360	26	29	55	12.8	30	26	56	11.0	11.0	11.9	- 1
1963	4,370	31	29	60	16.1	30	30	60	11.5	11.5	12.2	-----
1964	4,370	28	27	55	14.8	28	33	61	11.7	11.7	11.3	- 6
1965	4,400	33	24	57	15.2	22	30	52	10.2	10.2	11.5	+ 5
1966	4,400	26	40	66	17.7	31	26	57	10.8	10.8	11.7	+ 9
1967	4,400	29	32	61	16.4	34	29	63	11.8	11.8	11.2	- 2
1968	4,240	28	31	59	17.2	34	35	69	14.2	14.2	11.9	- 10
1969	4,470	26	36	62	16.4	22	35	57	10.8	10.8	11.9	+ 5

ACCIDENTS BOTH IN AND OUTSIDE THE HOME

(England and Wales)

	1968			1969		
	Male	Female	Total	Male	Female	Total
Accidental poisoning.. ..	421	543	964	416	501	917
Accidental falls.. ..	1,788	3,715	5,503	1,857	3,911	5,768
Accidents caused by fire..	337	454	791	303	442	745
Accidental drowning	355	97	452	410	113	523
All other accidents	1,457	628	2,085	1,498	657	2,155
TOTALS	4,358	5,437	9,795	4,484	5,624	10,108

The results of the Hospital In-patient Enquiry in England and Wales based on a 10% sample survey in 1967 indicated some features which would merit further investigation when considering the prevention of accidents in the home.

Fractures of the thigh bone (femur) accounted for 9,210 female admissions in the age groups 75 and over, 6,500 of these were fractures of the neck of the femur although a wellknown weakness in the female bone structure of the elderly it is considered that a proportion could have been prevented by care in the home, e.g. by the exclusion of carpets on polished floor surfaces, not leaving of loose articles (toys, etc) on floors and the provision of handrails.

Two disquieting features were the 7,210 children under 5 years who suffered fractures of the skull and other head injuries, many resulting in permanent damage and the 4,150 burns occurring in the 0-4 age group.

In this latter respect frying, unless carefully controlled, is a potential hazard which by its very frequency of use induces a sense of familiarity conducive to carelessness with most shattering results to life, subsequent invalidism and bodily handicaps, apart from the possible loss of one's home by fire. All this is capable of prevention but only by adopting a rigid set of rules when frying -

- (i) Do not leave the pan unattended while it is being heated.
- (ii) Do not heat the oil or fat beyond the point at which it gives off a faint smoke haze (205°C if using a cooking thermometer).
- (iii) Do not fill the pan more than $\frac{1}{3}$ full, this reduces the risk of splash-over when adding the food to be fried.
- (iv) Do not leave the lid off when heating if possible, otherwise remove it at frequent intervals to see that the oil or fat is not smoking.
- (v) Do dry the food as much as possible before putting it in the pan of fat.
- (vi) Do always use a clean dry pan and lid.

MOTOR VEHICLE DEATHS

<u>England and Wales</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1967.. ..	4,936	2,232	7,168
1968.. ..	4,315	2,034	6,349
1969.. ..	4,598	2,030	6,628

There was no death from this cause within the Borough during 1969.

MORTUARY FACILITIES

Available by arrangement with the Hospital Management Committee at Rye Hospital.

The mortuary at the Royal East Sussex Hospital, Hastings, is used whenever possible.

Mouth to Mouth Resuscitation

Instruction of the public on the mouth-to-mouth method of resuscitation continued throughout the year within the Borough and the adjacent rural area.

Those instructed include Ambulance Staff, Fire Service, Emergency Volunteers, a County Secondary School, Boy Scouts and Girl Guides.

I am indebted to Mr. R. A. Walker, S.B.St.J., Sub-station Officer, St. John Ambulance Brigade, Rye, for his personal efforts and interest in making himself available to give these demonstrations in his off-duty time.

SMOKING AND DISEASELung Cancer deaths in England and Wales

	<u>1967</u>	<u>1968</u>	<u>1969</u>
Males.. .. .	23,510	23,903	24,695
Females	<u>4,678</u>	<u>4,933</u>	<u>5,073</u>
	<u>28,188</u>	<u>28,836</u>	<u>29,768</u>

At a conservative estimate 50,000 deaths a year from disease which includes lung cancer are directly attributable to cigarette smoking. On average, three under 45 years and six under 50 years die every day because of this addiction.

Apart from the danger to actual smokers, the pollution of the environment by the idling cigarette is now considered to be an appreciable hazard to non-smokers and others in the immediate vicinity.

A recent American study revealed the likelihood that there is a greater incidence of periodontal disease in smokers generally, thus female smokers from 20 to 39 years have twice the chance of being toothless than do non-smokers, this applies to males from 30 to 59 years.

One wonders whether there is any association with the finding of a research chemist that "one cigarette destroys about 25 mg. of vitamin C so that those smoking more than 15 cigarettes a day may have a 50% reduction of serum vitamin C".

Is the smoker in this context suffering from a manifestation of scurvy? Further research would appear to be indicated in this respect.

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1840	1841	1842	1843	1844	1845	1846	1847	1848	1849	1850
1840	1841	1842	1843	1844	1845	1846	1847	1848	1849	1850
1840	1841	1842	1843	1844	1845	1846	1847	1848	1849	1850
1840	1841	1842	1843	1844	1845	1846	1847	1848	1849	1850

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TUBERCULOSIS

	Pulmonary cases			Non-pulmonary cases			Total cases (all forms)		
	M	F	Total	M	F	Total	M	F	Total
1. Number on Register at 1st January, 1969	14	5	19	4	1	5	18	6	24
2. Cases previously removed and re-notified in 1969	-	-	-	-	-	-	-	-	-
3. Primary notifications received in 1969	-	-	-	-	-	-	-	-	-
4. Cases moved into the Borough as transfers in 1969	-	-	-	-	-	-	-	-	-
Totals	14	5	19	4	1	5	18	6	24
5. Cases removed from Register in 1969	-	-	-	-	-	-	-	-	-
6. Number on Register at 31st December, 1969	14	5	19	4	1	5	18	6	24

TUBERCULOSIS PREVENTION

The suggested phasing out of this service was contained in Memorandum H.M (69) 97 of December, 1969.

My personal view is that the actual cause of the ultimate decision to phase out Mass Miniature Radiography was the new vehicle braking system requirements by the Ministry of Transport which triggered off this facile economic solution to this problem by elimination. Hospital finance generally is under great pressure and the short term saving envisaged by closure is attractive to those whose pre-occupation is curative medicine, so the longer term beneficial economic effect of prevention is conveniently forgotten.

The detection of "active" T.B cases has dropped considerably over the years in large measure due to the ease of attendance at well-sited, publicised mobile vans in remote areas with poor communications, so assisting in overcoming public apathy which is the usual pattern whenever preventive health measures are launched.

In effect, its own success in attracting the public in large numbers is contributing to its downfall, too many fit people attend, thus distorting the statistical picture for actual cases found.

Additionally, other conditions affecting the lungs and heart are discovered which may not be presenting any symptoms in the early stages and therefore more readily amenable to treatment.

I submit this loss to public health would be considerable if those persons seeking a health check were expected to travel and then queue in the out-patient departments of already overloaded centralised hospitals with the inevitable frustration engendered by hanging about.

I cannot imagine there would be much of a response by apparently fit volunteers whose main wish would be for reassurance. A "sick" service would result, as only those already presenting symptoms would attend, the essential preventive aspect would thus be lost.

Table CONTINUED

1960-1961 Season			1961-1962 Season			1962-1963 Season			Remarks
Area	A	B	Area	A	B	Area	A	B	
1	1	1	1	1	1	1	1	1	1. 1960-1961 - 1961-1962 2. 1961-1962 - 1962-1963
2	2	2	2	2	2	2	2	2	3. 1962-1963 - 1963-1964 4. 1963-1964 - 1964-1965
3	3	3	3	3	3	3	3	3	5. 1964-1965 - 1965-1966 6. 1965-1966 - 1966-1967
4	4	4	4	4	4	4	4	4	7. 1966-1967 - 1967-1968 8. 1967-1968 - 1968-1969
5	5	5	5	5	5	5	5	5	9. 1968-1969 - 1969-1970 10. 1969-1970 - 1970-1971
6	6	6	6	6	6	6	6	6	11. 1970-1971 - 1971-1972 12. 1971-1972 - 1972-1973
7	7	7	7	7	7	7	7	7	13. 1972-1973 - 1973-1974 14. 1973-1974 - 1974-1975
8	8	8	8	8	8	8	8	8	15. 1974-1975 - 1975-1976 16. 1975-1976 - 1976-1977
9	9	9	9	9	9	9	9	9	17. 1976-1977 - 1977-1978 18. 1977-1978 - 1978-1979
10	10	10	10	10	10	10	10	10	19. 1978-1979 - 1979-1980 20. 1979-1980 - 1980-1981

Continued

1. 1960-1961 - 1961-1962
2. 1961-1962 - 1962-1963
3. 1962-1963 - 1963-1964
4. 1963-1964 - 1964-1965
5. 1964-1965 - 1965-1966
6. 1965-1966 - 1966-1967
7. 1966-1967 - 1967-1968
8. 1967-1968 - 1968-1969
9. 1968-1969 - 1969-1970
10. 1969-1970 - 1970-1971
11. 1970-1971 - 1971-1972
12. 1971-1972 - 1972-1973
13. 1972-1973 - 1973-1974
14. 1973-1974 - 1974-1975
15. 1974-1975 - 1975-1976
16. 1975-1976 - 1976-1977
17. 1976-1977 - 1977-1978
18. 1977-1978 - 1978-1979
19. 1978-1979 - 1979-1980
20. 1979-1980 - 1980-1981

TUBERCULOSIS PREVENTION
(Continued)

Finally, streamlining is necessary and there is in my opinion much good sense in this memorandum, but it fails on two counts:-

- (1) to distinguish between the special needs of remote rural areas as against conurbations, where facilities are so easily available.
- (2) to appreciate the apathy encountered in any public health measure which requires personal action and involvement for some future apparently intangible benefit.

In order to achieve success, the path must be made as easy as possible but here we have the introduction of travel to a remote hospital with all that this involves once one becomes enmeshed in the machine. It no longer becomes a simple procedure in one's own milieu taking two minutes for the whole operation.

INCIDENCE OF INFECTIOUS DISEASES

Diphtheria and Poliomyelitis

This Borough has been free from Diphtheria and Poliomyelitis for the past 24 years and 16 years respectively.

Importation from abroad is a continuing ever-present danger.

Immunisation is the controlling factor in the elimination of these diseases.

Measles

1969 was a year of low incidence, the usual biennial attack did not occur doubtless influenced by the recent immunisation campaign. Manufacturing difficulties encountered during the year resulted in insufficient vaccine being made available leading to a virtual cessation of immunisation. It is likely that we will now revert to a greatly increased attack rate in the ensuing year.

Whooping cough

Low incidence with immunisation controlling and minimising adverse effects. A fall from 170,000 cases in 1951 to 17,000 cases (1969) and deaths from over 2,500 to 25 in England and Wales is an indication of its efficacy.

Scarlet fever

Mild in character and of no special significance, no case admitted to hospital. The usual investigations were made regarding the possibility of food handlers being involved.

Influenza

The advent of a new variant of the A2 strain in 1968 did not give rise to the expected epidemic prognosticated by the Ministry and the national press with such vehemence for January and February of 1969 and the weekly death tolls from this infection were the lowest for ten years. However, the attack was merely delayed and on December 12th, 1969, numbers attacked were suddenly increased fourfold and by the end of the year the red alert was put into operation for hospitals

INCIDENCE OF INFECTIOUS DISEASES
(Continued)

throughout London and the South East, stopping all but urgent admissions. The peak death rate for England and Wales was 3,170 in the week ended 2nd January, 1970, compared with 35 in the week ended 3rd January, 1969. Vaccination to protect the elderly and those liable to heart, lung and kidney illnesses would appear to be indicated as an annual protective measure.

Administration of T.A.B Vaccine

All persons intending to travel abroad should be vaccinated against typhoid and paratyphoid fevers. This will normally be done by the individual's own doctor. Dosage varies according to age. For primary immunisation two doses should be given at an interval of 4 to 6 weeks followed by a third dose 6 - 12 months after the second. Reinforcing doses at yearly intervals are advocated where the subject is at continued risk.

COMPARATIVE STATISTICS FOR THE YEARS 1964-1969

1st January - 31st December

	1964	1965	1966	1967	1968	1969
Scarlet fever.. .. .	-	4	-	3	2	1
Measles	111	15	32	32	13	6
* Pneumonia.. .. .	1	3	4	-	2	-
* Erysipelas	2	-	1	1	3	-
Whooping cough	7	1	-	-	-	4
Ophthalmia neonatorum	-	-	1	-	-	-
Infective jaundice	-	-	-	-	1	3

* Ceased to be notifiable on 1st October, 1968.

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SEASONAL INCIDENCE OF INFECTIOUS DISEASES DURING 1969

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
Scarlet fever	-	-	-	-	-	-	-	-	-	-	1	-	1
Measles	-	-	-	-	-	1	3	2	-	-	-	-	6
Whooping cough	-	-	-	-	-	2	2	-	-	-	-	-	4
Infective jaundice	-	1	1	-	-	-	1	-	-	-	-	-	3
TOTALS	-	1	1	-	-	3	6	2	-	-	1	-	14

CASES OF INFECTIOUS DISEASES IN AGE GROUPS 1969

	Whooping cough	Infective jaundice	Scarlet fever	Measles	TOTALS
Under 1 year	-	-	-	-	-
1 - 2 years	-	-	-	1	1
3 - 4 years	-	-	-	-	-
5 - 9 years	3	-	1	2	6
10 - 44 years	1	2	-	3	6
45 - 64 years	-	1	-	-	1
65 years and over	-	-	-	-	-
TOTALS	4	3	1	6	14

PERIOD OF EXCLUSION IN CERTAIN INFECTIOUS DISEASES
MINISTRY OF EDUCATION RECOMMENDATIONS

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)		
			Patients	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.
SCARLET FEVER AND STREPTOCOCCAL SORE THROAT	1-7	1-2	Re-admit when family doctor permits	Adult contacts engaged in school meals service excluded until Medical Officer of Health allows return to work. Other contacts, if healthy, need not be excluded.
MEASLES	7-14	3-4	10 days after the appearance of the rash if the child appears well.	Children under 5 years of age who have not had the disease should be excluded for 7 days from the date of the appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.
GERMAN MEASLES	5-21	0-2	7 days from the appear- ance of the rash.	None.
WHOOPING COUGH	6-18	-	28 days from the begin- ning of the characteris- tic cough.	Children under 7 years who have not had the disease should be ex- cluded for 21 days from the date of onset of the disease in the last case in the house.
CHICKEN-POX	11-21	0-2	7 days from the date of appearance of the rash.	None.
MUMPS	12-28	-	7 days from the subsi- dence of the swelling.	None.
CONJUNCTIVITIS (INCLUDING PINK EYE)	1-3	-	To be exclu- ded until certified as fit to attend.	None.
RINGWORM OF THE BODY (including ATHLETE'S FOOT)	If the infected area can be kept covered the patient need not be excluded. He should not, however, take part in swimming - nor in the case of ringworm of the feet - in gymnastic classes or barefoot dancing.			

SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

Age	Prophylactic	Interval	Notes
During the first year of life	Diph/Tet/Pert. and oral Polio vaccine (First dose) Diph/Tet/Pert. and oral Polio vaccine. (Second dose) Diph/Tet/Pert. and oral Polio vaccine. (Third dose)	Preferably after an interval of 6-8 weeks. Preferably after an interval of 6 months.	The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age.
During the second year of life	Measles vaccination Smallpox vaccination	After an interval of not less than 3-4 weeks. After an interval of not less than 3-4 weeks.	While the second year is recommended for routine vaccination against smallpox, in individual cases and if special circumstances call for it, vaccination against smallpox may be carried out during the first year.
At 5 years of age or school entry	Diph/Tet and oral Polio vaccine or Diph/Tet/Polio vaccine Smallpox revaccination		With the exception of smallpox revaccination, these may be given, if desired, at 3 years of age to children entering nursery schools, attending day nurseries or living in children's homes.
Between 10 and 13 years of age	B.C.G vaccine		For tuberculin-negative children
At 15-19 years of age or on leaving school	Polio vaccine (Oral or inactivated) Tetanus toxoid Smallpox revaccination		

PROTECTIVE INOCULATIONS, PERSONS UNDER 16 YEARS OF AGE

	Local Health Authority's Records					
	Completed Primary course			Completed Reinforcing course		
	1967	1968	1969	1967	1968	1969
Diphtheria.. .. .	65	67	34	146	152	92
Whooping cough.. .. .	64	63	33	65	30	28
Tetanus	82	68	44	142	169	108
*Poliomyelitis	-	80	35	-	62	144

* Figures for 1967 not available.

SMALLPOX VACCINATION

	Local Health Authority's Records					
	Primary			Revaccination		
	1967	1968	1969	1967	1968	1969
Under 1 year	3	-	3	1	-	-
1 year.. .. .	34	19	26	1	-	-
2 - 4 years	6	9	22	1	3	1
5 - 15 years	1	2	6	4	15	8
TOTALS	44	30	57	7	18	19

Smallpox

International certificates of vaccination against smallpox authenticated for travel abroad:-

	<u>Primary</u>	<u>Revaccination</u>
1967.. .. .	10	201
1968.. .. .	12	247
1969.. .. .	30	326

Travellers, in their own interests, should not proceed to smallpox areas without making certain that they have obtained a successful result to vaccination or re-vaccination.

International Certificate

Gamma globulin is often requested for intending travellers in whom smallpox vaccination is contra-indicated but who wish to obtain an International Certificate of Vaccination against Smallpox. It should be noted that smallpox vaccination in the presence of contra-indications is undesirable even with gamma globulin and that the International Regulations make allowances for persons in whom vaccination is contra-indicated.

Extract from Ministry Memorandum on Vaccination against Smallpox (Memo. 312/MED Revised 1962)

"38. It should be noted that vaccination is not obligatory if a medical contra-indication exists. The following is a quotation from the official Records of the World Health Organisation 54, 56. 'If a vaccinator is of the opinion that vaccination is contra-indicated on medical grounds, he should provide the person with written reasons underlying that opinion, which the health authority of arrival may take into account. Decision on a claim for exemption from the requirement to be in possession of a certificate lies solely with the health authority of arrival'".

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(A) PROVIDED BY THE EAST SUSSEX COUNTY COUNCIL UNDER THE AEGIS OF THE COUNTY MEDICAL OFFICER OF HEALTH(i)(a) Ambulance Service

RYE Sub-station, Conduit Hill (Telephone Rye 3395) employs 6 men and has 2 ambulances (including 1 dual purpose vehicle for sitting cases) serving the parishes of

Beckley	Iden	Rye Foreign
Camber	Northiam	Rye Harbour
East Guldeford	Peasmarsch	Udimore
Icklesham	Playden	Winchelsea Beach
		Winchelsea Town

in addition to the Borough of Rye.

(b) Hospital Car Service

The Hospital Car Service is provided by the joint organisations of the Women's Royal Voluntary Service, the British Red Cross and the St. John Ambulance Brigade. The Area Transport Office for this district is at 73a, London Road, Bexhill-on-Sea - 9 a.m to 6 p.m, Monday to Friday (Telephone: 152). Emergency service at weekend through Ambulance Station.

(ii) Care of Expectant and Nursing Mothers and Children under School Age(iii) District Nurses (Midwives) and Health Visitors(iv) Home Help Service

This service is much appreciated and is of great assistance in avoiding hospitalisation and institutionalism, particularly for those elderly persons desirous of remaining in their own homes.

The Health Services and Public Health Act, 1968 now imposes a duty on the Local Health Authority (instead of a power) to provide or arrange a home help service adequate to the needs of the area.

(v) Infant Welfare Centre

The Infant Welfare Centre is held every Thursday at the County Clinic, Ferry Road, Rye.

(vi) Immunisation and Vaccination Service

A clinic is held on the 2nd and 4th Thursdays in every month at the County Clinic, Ferry Road, Rye.

B.C.G vaccination sessions against tuberculosis are held at schools for children aged 13 years attended by an Assistant County Medical Officer.

(vii) Mental Health Service

Mental Health Officers maintain liaison with general practitioners and are available at the following addresses:-

MR. J. G. WILLIAMS, Maple End, Maple Walk, Cooden (Telephone Cooden 2469)

MR. H. C. BEECROFT, 22, Cavendish Avenue, St. Leonards-on-Sea (Telephone Hastings 6742)

MRS. R. V. LEE, 34, Sackville Road, Bexhill-on-Sea (Telephone Bexhill 981)

MR. M. G. FORD, 19, Ghyllside Estate, Northiam (Telephone Northiam 2311)

MR. A. R. BRANT, 13, West View, Hastings (Telephone Hastings 30930).

The Bexhill Area Office is at 54, Sea Road, Bexhill-on-Sea, and the officers meet there between 8.30 and 9.30 a.m, and the clerical staff stay until 5 p.m (Telephone: Bexhill 7071).

The Mental Health Welfare Officer on duty outside office hours, i.e. after 5 p.m., can be contacted through Hellingly Hospital (Telephone: Hellingly 391).

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH
(Continued)

(viii) Registration of Nursing Homes (Nil in the Borough of Rye)

(ix) School Dental Service

(x) School Medical Service (*routine medical examinations including the assessment of handicapped pupils)

* Delegated duties to your Medical Officer of Health, who also acts as School Medical Officer.

(xi) Cervical Cytology

Application forms to attend clinics by appointment may be obtained at the Council Offices, Borough of Rye, Ferry Road, Rye, or from General Practitioners and Health Visitors.

(B) PROVIDED BY THE EAST SUSSEX COUNTY COUNCIL WELFARE DEPARTMENT

Homes for the Aged

Furze House, Flimwell, Ticehurst.

Grey Friars, Winchelsea.

(C) HOSPITALS

The following are the main hospitals providing accommodation and treatment for residents in the Borough of Rye:-

Battle Hospital, Battle.

Memorial Hospital, Rye Foreign.

Royal East Sussex Hospital, Hastings (including V.D Clinic).

Mount Pleasant Isolation Hospital, Hastings.

St.Helen's Hospital, Hastings.

Fernbank Maternity Home, Hastings.

Buchanan Hospital, St.Leonards-on-Sea.

Eversfield Chest Hospital, St.Leonards-on-Sea.

Hellingly Hospital, Hellingly.

Pembury Hospital, Pembury.

Hill House, Rye Foreign.

Administered by the South-East Metropolitan Regional Hospital Board through their respective Hospital Management Committees.

Blood Transfusion Service

The National Blood Transfusion Service visits Rye periodically.

Stamped addressed leaflets for volunteer donors are available at this Council's offices.

(D) PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service is a free national laboratory service designed to assist all those concerned in the diagnosis, prevention and control of communicable diseases. The benefits are not limited by health authority, hospital region or other administrative boundary. These facilities are available to all doctors, both for the submission of specimens and for consultation.

Gamma globulin prepared from pooled plasma from normal healthy adults (Human normal immunoglobulin) by the Lister Institute for the Ministry of Health, is distributed to doctors in England and Wales mainly through Laboratories of the Public Health Service. Requests for supplies, which are restricted, should be made to the Public Health Laboratory, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE. Telephone Brighton 63506. For other sources of supply, and for categories of patient for whom gamma globulin is available, see below.

Rubella, Pregnancy and Gamma Globulin

1. A sample of clotted blood from the mother, in a plain tube, will be requested by the laboratory as soon as possible after the mother's exposure to infection during the first 12 weeks of pregnancy, except when it has already been established by laboratory tests that the mother has previously had rubella. It is important that the request/^{form} should give date or dates on which exposure to infection, is thought to have occurred.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(D) PUBLIC HEALTH LABORATORY SERVICE (Continued)

2. The antibody status of the mother will be determined in the laboratory and assessed in relation to the date of exposure. In a high proportion of cases it will be shown that owing to previous infection the mother is immune to rubella. She can then be reassured with regard to the present and future pregnancies. In borderline cases and when no rubella antibodies are found in the mother, a second sample of serum will be asked for by the laboratory. Antibody tests on the second serum, read in conjunction with the first, will show whether or not the mother became infected (subclinically) as a result of the recent exposure to infection.
3. Since it has been shown that gamma globulin does not protect against subclinical rubella, gamma globulin is now seldom given in this context.

Infective Hepatitis and Gamma Globulin

Gamma globulin confers a degree of protection against Infective Hepatitis when given within two weeks of exposure to infection. Current supplies of gamma globulin are insufficient for the protection of all contacts of Infective Hepatitis but it is available in special circumstances. These include contacts debilitated by serious disease, contacts in artificial kidney units and outbreaks in hospital and laboratory staffs. Gamma globulin may also be issued, on request, to doctors for the passive immunisation of travellers intending to proceed to endemic areas outside Europe and North America. It should be given shortly before the traveller leaves Great Britain. No dose may be issued for despatch to a patient abroad. Travellers for whom it is issued must be British Nationals. If a traveller is a National Health Service patient there is no charge. For private patients there is a charge of £1.15.0d (£1.75) per 500 ng. recommended dose, which should be collected by the patient's doctor who will subsequently be invoiced by the Department of Health and Social Security.

Dosage:	Under 11 years..	..	..	250 ng.
	11 years or more	..	..	500 ng.

Measles and Gamma Globulin

Available for contacts under 2 years of age or at special risk e.g. debilitated children with no previous history of measles.

Dosage:

- | | | | | |
|-----------------|--------------------|----|----|---------|
| 1. Attenuation. | All ages.. | .. | .. | 250 ng. |
| 2. Prevention | Under 1 year.. | .. | .. | 250 ng. |
| | 1-2 years | .. | .. | 500 ng. |
| | 3 years and over.. | .. | .. | 750 ng. |

When measles vaccine is given to children suffering from chronic diseases of the heart and lungs it may be desirable to modify the possible reaction to the vaccine. This is achieved by simultaneous administration into the opposite limb of 0.6 ng. gamma globulin per lb. of body weight. This dosage should not be exceeded. Gamma globulin in this diluted form is not available from the Public Health Laboratory but can be obtained from the County Health Department, East Sussex County Council, Lewes, in ampoules containing 15 ng. of immunoglobulin in 0.5 ml. of diluent.

Hypogammaglobulinaemia and Gamma Globulin

This is the second of two categories for which gamma globulin is not normally issued by the Public Health Laboratory Service. Application should be made to:-

Dr. G. L. Asherson, Clinical Research Centre,
Northwich Park Hospital, Watford Road,
HARROW. HA1 3UJ. Tel: 01-864 5311.

Anti-vaccinial Gamma Globulin

Obtainable from the Epidemiological Research Laboratory,
Central Public Health Laboratory, Colindale Avenue, London, N.W.9.
Tel: 01-205 7041.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(D) PUBLIC HEALTH LABORATORY SERVICE (Continued)1. Smallpox Vaccination in the presence of Contra-indications

Patients with eczema, leukaemia, hypogammaglobulinaemia; or on cortico-steroid or immuno-suppressive therapy; or adults with a marked allergic diathesis; or old and infirm adults.

The gamma globulin should be given into a different site from the vaccine - preferably the buttock.

Dosage:	Patient under 1 year..	..	..	0.5 g immediately.
	Patient 1 - 6 years ..	..	..	1.0 g immediately.
	Patient 7 - 14 years..	..	..	1.5 g immediately.
	Patient 15 years or more..	..	..	2.0 g immediately.

2. Previously Unvaccinated Contacts of Cases of Smallpox

In conjunction with vaccination, anti-vaccinial gamma globulin given on or about the 10th day after exposure to smallpox may offer additional protection to contacts who have never previously been vaccinated or who have not been vaccinated for many years.

Dosage:	Patient under 1 year	..	..	0.5 g.
	Patient 1 - 6 years	..	..	1.0 g.
	Patient 7 years or more	..	..	1.5 g.

3. Generalized Vaccinia, Chronic Progressive Vaccinia, Eczema Vaccination

Dosage:	Patient under 1 year..	..	0.5 g immediately)	Repeat dose
	Patient 1 - 6 years ..	..	1.0 g immediately)	2 days later
	Patient 7 - 14 years..	..	1.5 g immediately)	if not
	Patient 15 years or more..	..	2.0 g immediately)	improving.

4. Vaccinial Lesions of the Eye

Dosage: As in 3 above but include half-hourly local instillation of 1% solution in sterile saline.

(To make the dilution required, add the volume in the ampoule to ten times the amount of sterile saline).

ADDITIONAL NOTES

Anti-vaccinial gamma globulin is of no known value in the treatment of post-vaccinal encephalitis.

In 3 and 4 above, because of the possibility of other viruses, e.g. herpes simplex may be the agent responsible, it is as well to obtain laboratory confirmation of the diagnosis.

Special Gamma Globulins

Obtainable from the Epidemiological Research Laboratory, as above, though in very short supply.

Convalescent Chickenpox Gamma Globulin

For chickenpox contacts where serious risk exists, e.g. a sickly infant, new-born in fact in contact with an infected mother, non-immune patient suffering from leukaemia, and patients undergoing cortico-steroid or immuno-suppressive therapy, or, again, with hypogammaglobulinaemia.

Dosage:	Under 1 year..	..	..	0.5 g.
	1 - 6 years ..	..	..	1.0 g.
	7 years or more ..	..	..	1.5 g.

Convalescent Mumps Gamma Globulin

For cases where serious risk exists, e.g. non-immune sick contact, leukaemia, or when undergoing cortico-steroid or immuno-suppressive therapy.

Dosage: As for Convalescent Chickenpox Gamma Globulin - see above.

Other Sources of Normal Gamma Globulin

Doctors wishing to obtain gamma globulin for patients ineligible for gamma globulin on the National Health Service may purchase it privately from:-

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(D) PUBLIC HEALTH LABORATORY SERVICE (Continued)

Kabi Pharmaceuticals Ltd,
Bilton House, Uxbridge Road,
EALING, W.5 LTH. Tel: 01-567 4717

The cost (November, 1970) is £1.13.0d (£1.65) per ampoule containing 320 mg (2 ml. of 16%).

Vaccines and other Immunological Materials Obtainable from the Central Public Health Laboratory, Colindale, London

Typhus, Rabies and Anthrax vaccines.

Frei antigen for Lymphogranuloma inguinale, Trichina antigen for Trichinosis, Hydatid antigen for Hydatid disease and cat-scratch fever antigen.

Enquiries relating to fungal antigens should be addressed to the Public Health Laboratory Service, Mycological Reference Laboratory, London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT. Tel: 01-636 8636.

I am greatly indebted to Doctor J. E. Jameson, Director of the Public Health Laboratory Service, Brighton, for this up-to-date information.

(E) NATIONAL ASSISTANCE ACT, 1948(i) Section 47: Removal to suitable Premises of Persons in Need of Care and Attention

Fortunately, I have been able to avoid using this Section during 1969.

(ii) Section 50: Burial or Cremation of the Dead

No action was necessary.

(F) HOME PHYSIOTHERAPY SERVICE

The Home Physiotherapy Service provides qualified physiotherapists with completely equipped vans for the treatment of the incapacitated.

This charitable service, mainly concerned with the elderly, is complementary to the National Health Service hospital physiotherapy department. It provides treatment for those persons who, in the opinion of their hospital consultants or general practitioners, would derive more benefit from domiciliary attention but who cannot afford the services of a private physiotherapist.

(G) NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Telephone Hastings 1848.

(H) FAMILY PLANNING ASSOCIATION

Designed to advise married people on the spacing and limitation of families, including involuntary sterility and minor gynaecological ailments.

Clinics are held as follows:-

Arthur Blackman Clinic,
London Road,
St. Leonards-on-Sea.

Every Tuesday, 2.15 to 3.45 p.m.
First and third Wednesdays in
month 6 to 7.30 p.m.
Telephone: Hastings 51225.

The Clinic,
The Avenue,
Eastbourne.

Every Monday, 2.30 to 4.0 p.m.
By appointment only
Every Thursday, 2.30 to 4.0 p.m.
and 5.30 to 7.0 p.m.
Telephone: Eastbourne 26788
between 9.0 and 10.0 a.m.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(H) FAMILY PLANNING ASSOCIATION (Continued)

Kent and Sussex Hospital,
Outpatients Department,
Tunbridge Wells, Kent

Every Thursday, 2.0 to 3.15 p.m.
and 6.0 to 7.30 p.m.
By appointment only.
Telephone: Tunbridge Wells
0892-20853.

East Sussex and County Clinic,
London Road,
Bexhill-on-Sea.

Monday, 6.30 to 8.0 p.m.
By appointment only.
Telephone: Cooden 3517
after 1.0 p.m.

The Family Planning Act, 1967, gives the Local Authority a general power to arrange for the giving of advice on contraception; to examine those seeking such advice and to supply contraceptive substances and appliances. The significance of the Act is that it extends existing powers by recognising need on social as well as medical grounds. Charges may be made in non-medical cases if the person can afford it.

(I) MARRIAGE GUIDANCE COUNCILS

Problems related to marital relationships.

Marriage Guidance Council Appointments Secretary, Telephone
Bexhill 3380.

The Catholic Marriage Advisory Council, 84, Queen's Road,
Brighton BN1 3XE (Telephone: Brighton 0273 - 25261) serves Roman
Catholics and others who may wish to make use of its services.

(J) EASTERN CO-ORDINATION COMMITTEE

This Committee is composed of representatives from National,
Local Government and voluntary bodies, covering the Local Authority
areas of the Boroughs of Rye and Bexhill and the Rural Districts of
Battle and Hailsham, by arrangement with the Children's Department,
East Sussex County Council.

It is concerned with the care of children in families where
conditions may be adverse.

Your Medical Officer of Health is a member of this Committee
which meets at Bexhill Town Hall.

(K) RYE AND DISTRICT COUNCIL FOR THE WELFARE OF THE ELDERLY

The Rye and District Council for the Welfare of the Elderly
includes the Borough of Rye extending to Winchelsea, Winchelsea Beach,
Rye Harbour, Camber, Playden, East Guldeford, Iden, Peasmarsch, Udimore,
Rye Foreign, with representatives in each of these parishes.

They endeavour to co-ordinate all the voluntary agencies
connected with the welfare of the elderly in those areas which include
Women's Royal Voluntary Service, Toc H, Inner Wheel, B.P. Guild, Rotary,
Rye Boy Scouts and the voluntary projects of the Thomas Peacocke School
pupils as organised by the Headmaster.

Herewith short list of services offered by this organisation:-

- | | |
|--------------------------------------------|---------------------------------|
| 1. Emergency Hospital
Visiting Service. | 7. Home Decorating. |
| 2. Chiropody Service. | 8. Shopping. |
| 3. Gardening. | 9. Wood Chopping (Kindling). |
| 4. Visiting. | 10. Help with filling in forms. |
| 5. Mending. | 11. Snow Clearance. |
| 6. Small home repairs. | |

Further information may be obtained from the Health Visitors
of the Borough.

/(L) WORK CENTRE FOR THE ELDERLY

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(L) WORK CENTRE FOR THE ELDERLY, RYE

Opened in October, 1968, now well established and latterly self-supporting with the generous help of the Rye Rotary Club, providing a stimulating and satisfying outside interest.

About 12 - 15 elderly citizens attend each morning from 9.45 to 11.45 in a room kindly provided by the St. John Ambulance Association at their Rye Headquarters.

It is a continuing tribute to those voluntary workers behind the scenes that this much appreciated venture has proved to be such a valuable and happy social amenity.

More publicity would appear to be indicated in order to arouse the interest of others who would benefit.

(M) MEALS ON WHEELS

The Women's Royal Voluntary Service supplied 2,611 meals (of which 1,908 ranked for subsidy) to the elderly in the Borough of Rye during 1969.

The basic charge to recipients was 1/6d per meal and increased to 1/9d from July, the cost price being 2/9d. A subsidy of 1/- per meal was granted by this Local Authority.

Transport is subsidised by the Welfare Department of the East Sussex County Council.

These meals are an insurance against malnutrition, subsequent hospitalisation and institutionalism.

FOOD HYGIENE

The Ministry of Health and Ministry of Agriculture, Fisheries and Food have formulated combined Food Hygiene Codes of Practice for meat shops.

These new codes seek to achieve a complete separation of cold cooked meats from both raw cured meats and raw meats in order to avoid the risk of contamination of uncooked meats by cross infection and this of course includes separate knives, platters, etc., which must not be in common use.

Strict adherence to this method of approach is likely to be of prime importance in the prevention of food poisoning and should be followed in all kitchens, both in restaurants and homes.

	1966	1967	1968	1969
Total number of food premises in Borough.. ..	103	103	103	101
Number fully inspected	87	96	100	101
Number of informal notices served	3	6	9	25
Notices complied with by the end of the year..	3	6	9	25

It is most reassuring to note that all the food premises within the Borough were fully inspected during the year under review.

The following is a comprehensive list of purveyors of food in the Borough:-

/Shops classified according to their
main trades

FOOD HYGIENEShops classified according to their main trades:-

Grocers and General Provisions.. .. .	15
Butchers	5
Fishmongers	3
Greengrocers	4
Confectionery and sweets	5
Cafes with cake shops	7
Shops selling milk	12
<u>Bakehouses</u>	4
<u>Licensed premises (hotels and inns)</u>	18
<u>Hotels, Guest Houses and Cafes</u>	19
Canteens (industrial, etc)	5
<u>Schools:</u>	
Infants.	1
Primary	1
Comprehensive	1
Private	<u>1</u>
	<u>101</u>

Ice Cream

There are 34 premises registered under Section 16 of the Food and Drugs Act, 1955, for the sale of ice cream, which is all sold pre-packed.

Inspections of Registered Food Premises

There were 312 inspections of registered food premises during 1969.

GAME ACT, 1831

Two persons were licensed to deal in Game during the year 1969.

THE CENTRAL ABATTOIR, JUNCTION ROAD, ST. LEONARDS-ON-SEA

This is jointly owned and administered by the Borough of Rye and three neighbouring Authorities (Hastings County Borough, the Borough of Bexhill and Battle Rural District Council).

Average weekly throughput:-

Financial year ending 31.3.1969	Financial year ending 31.3.1970
332 units	570 units

EXAMINATION OF MEAT AND OTHER FOODS

The following food was inspected during the year and certified as unfit for human consumption:-

	Stones	Lbs	Ozs
Fresh Meat.. .. .	7	3	7
Canned meat	24	7	6
Canned fruit	31	2	0
Canned fish	3	0	2

FOOD AND DRUGS ACT, 1955BRUCELLOSIS

A dairy herd of 95 cows within the adjoining rural area retailing raw (unpasteurised) farm-bottled milk was found to be heavily infected with *Brucella abortus* type 1.

An immediate notice dated 3rd December, 1969, under Regulation 20 of the Milk and Dairies (General) Regulations, 1959, was placed upon this milk supply.

This had the effect of causing all milk to be sent for pasteurisation with a personal warning from me to the farmer that no one should drink the milk in its raw state.

Subsequent tests of this herd proved that the infection was intractable and the farm management agreed on 16th February, 1970, that eradication in the foreseeable future was not possible and they accepted the necessity for continuing pasteurisation of the whole supply.

Milk Supplies - *Brucella Abortus*

- (i) Number of samples of raw milk examined.. .. 4
- (ii) Number of positive samples found Nil
- (iii) Action taken in respect of positive samples Nil

All were satisfactory for penicillin content and negative for *M. tuberculosis*.

Periodically I receive notification from another Medical Officer of Health in Kent advising me that milk from this area arriving in bulk tankers for pasteurisation has been found to contain Brucellosis prior to being processed. Action is then taken to notify the Divisional Veterinary Officer in order to assist the farms in taking preventive action and in addition we alert the farmer and his workers not to drink the milk in its raw state.

Brucellosis is now known to be an occupational disease affecting Veterinary Officers and farm workers by contact, also their families who may drink the raw milk. Fortunately, its occurrence is rare in the population generally because 99% of milk is now treated (pasteurised).

New incentive schemes are in the pipeline and should give the necessary stimulus for eventual eradication of this costly disease in dairy herds.

WATER SUPPLY

Hastings Corporation Water Undertaking supplies main water to the Borough of Rye.

All water is treated and chlorinated; a high standard of purity and adequate quantity was maintained throughout the year.

Bacteriological reports on the treated water were made available to this Authority, all of which were satisfactory.

Plumbo-solvency

None of the water supplied to this Borough is plumbo-solvent.

Fluoride content

The fluoride content was found to be 0.1 parts per million, falling far below the optimum level of 1 p.p.m which is advised by leading authorities as being necessary to prevent the decay of teeth in young children.

I have no doubt regarding either its safety or its efficacy and hope that delaying tactics by outside bodies will cease, thus allowing implementation.

This Authority is to be congratulated on its far-sighted policy in pursuance of community health in its recommendation to the Statutory Water Undertaking to fluoridate its water supply.

No public health measure has been the subject of such careful and meticulous research prior to being introduced to the public.

/DUNGENESS NUCLEAR POWER STATION

DUNGENESS NUCLEAR POWER STATION,
ENVIRONMENTAL MONITORING

Reports were received at regular intervals covering the period from January to December, 1969.

The following comments were extracted:-

The levels of radioactivity in fish and shellfish and gamma radiation dose rates on the beach are not significantly different from the already very low levels found previously. These are due entirely to background radioactivity and none is attributable to the operation of the station.

The levels of strontium 90 in the milk sampled in the two zones were all substantially the same as those which are found in comparable parts of the country where there are no nuclear power stations.

The Departments responsible for controlling discharges of radioactive waste and direct radiation from the station consider that the position shown in this report is satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

The clearing of sludge beds and disposal of sludge continued to present problems.

A consistently high quality effluent was produced during the year.

REFUSE COLLECTION

Continued excavation of the tipping area was necessary in order to accommodate the increased loads of refuse.

The high standard of this service has been successfully maintained throughout the year and is much appreciated.

CIVIC AMENITIES ACT, 1967

Two abandoned vehicles were disposed of during the year.

PUBLIC CONVENIENCES

Toilets with wash-hand basins are provided by this Council at:-

Tower Street

The Strand

Cricket Salts

Station Approach.

Toilets at The Gun Garden lack washing facilities.

New conveniences have been planned for the Lucknow Place area.

ACTION UNDER PUBLIC HEALTH AND HOUSING ACTS

1. Inspection of dwellinghouses during the year

- | | | | |
|-------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (i) | (a) | Total number of dwellinghouses inspected for housing defects (under the Public Health or Housing Acts).. .. . | 21 |
| | (b) | Number of Inspections made for this purpose .. | 62 |
| (ii) | (a) | Number of dwellings (included under subhead (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1926 and 1932. | Nil |
| | (b) | Number of inspections made for this purpose .. | Nil |
| (iii) | | Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.. .. . | Nil |

/(iv) Number of dwellinghouses

ACTION UNDER PUBLIC HEALTH AND HOUSING ACTS1. Inspection of dwellinghouses during the year (Continued)

- (iv) Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation.. .. Nil

2. Remedy of Defects during the year without service of Formal Notice

- Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers 9

3. Action under Statutory Powers during the year(A) Proceedings under Sections 9, 10 & 12 of the Housing Act, 1957:-

- (i) Number of dwellinghouses in respect of which notices were served requiring repairs Nil
- (ii) Number of dwellinghouses which were rendered fit after service of Formal Notices:-
- (a) By owners Nil
- (b) By Local Authority in default of owners .. Nil
- (iii) Number of dwellinghouses acquired and subsequently rendered fit by the Local Authority .. Nil

(B) Proceedings under the Public Health Acts:-

- (i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied Nil
- (ii) Number of dwellinghouses in which defects were remedied after service of Formal Notices:-
- (a) By owners Nil
- (b) By Local Authority in default of owners .. Nil

(C) Proceedings under Sections 16 and 17 of the Housing Act, 1957:-

- (i) Number of representations, etc., made in respect of dwellinghouses unfit for habitation.. .. Nil
- (ii) Number of dwellinghouses in respect of which Demolition Orders were made Nil
- (iii) Number of dwellinghouses demolished in pursuance of Demolition Orders.. .. Nil
- (iv) Number of dwellinghouses in respect of which undertakings were accepted from owners:-
- (a) to render the house fit for habitation.. Nil
- (b) usage other than for human habitation .. Nil
- (v) Closing Orders under the Housing Act, 1957 .. Nil
- (vi) Number of dwellinghouses dealt with under the Housing Act, 1957, Section 17(3) Nil

(D) Proceedings under Section 18 of the Housing Act, 1957 NilHOUSING: LOCAL AUTHORITY AND PRIVATENew Dwellings

New dwellings erected during 1969:-

- (a) By the Council.. .. 22
- (b) By private enterprise 36

Private enterprise dwellings in course of erection at
31st December, 1969.. 33

SECTION 1. PURPOSE AND SCOPE

1.1 The purpose of this document is to define the scope of the project.

1.2 This document shall apply to all project activities and deliverables.

1.3 The project shall be completed by the end of the calendar year.

1.4 The project shall be managed in accordance with the project plan.

1.5 The project shall be subject to the following constraints:

1.6 The project shall be subject to the following risks:

1.7 The project shall be subject to the following opportunities:

1.8 The project shall be subject to the following threats:

1.9 The project shall be subject to the following assumptions:

1.10 The project shall be subject to the following dependencies:

1.11 The project shall be subject to the following constraints:

1.12 The project shall be subject to the following risks:

1.13 The project shall be subject to the following opportunities:

1.14 The project shall be subject to the following threats:

1.15 The project shall be subject to the following assumptions:

1.16 The project shall be subject to the following dependencies:

1.17 The project shall be subject to the following constraints:

1.18 The project shall be subject to the following risks:

1.19 The project shall be subject to the following opportunities:

1.20 The project shall be subject to the following threats:

1.21 The project shall be subject to the following assumptions:

1.22 The project shall be subject to the following dependencies:

1.23 The project shall be subject to the following constraints:

1.24 The project shall be subject to the following risks:

1.25 The project shall be subject to the following opportunities:

1.26 The project shall be subject to the following threats:

1.27 The project shall be subject to the following assumptions:

1.28 The project shall be subject to the following dependencies:

1.29 The project shall be subject to the following constraints:

1.30 The project shall be subject to the following risks:

1.31 The project shall be subject to the following opportunities:

1.32 The project shall be subject to the following threats:

1.33 The project shall be subject to the following assumptions:

1.34 The project shall be subject to the following dependencies:

1.35 The project shall be subject to the following constraints:

1.36 The project shall be subject to the following risks:

1.37 The project shall be subject to the following opportunities:

1.38 The project shall be subject to the following threats:

1.39 The project shall be subject to the following assumptions:

1.40 The project shall be subject to the following dependencies:

1.41 The project shall be subject to the following constraints:

1.42 The project shall be subject to the following risks:

1.43 The project shall be subject to the following opportunities:

1.44 The project shall be subject to the following threats:

1.45 The project shall be subject to the following assumptions:

1.46 The project shall be subject to the following dependencies:

HOUSING: LOCAL AUTHORITY AND PRIVATE
(Continued)

Accommodation under the letting control of the Council
as at 31st December, 1969:-

Assisted Schemes - Pre-war houses.. .. .	115
Assisted Schemes - Post-war houses and flats	442
Expired leases - Pre-1914 houses	<u>26</u>
	<u>583</u>

Applicants on Council's Housing List at 31st December, 1969	180
Applicants on Council Housing List for Elderly Persons' dwellings	23

COMPARATIVE TABLE - PRIVATE ENTERPRISE AND LOCAL AUTHORITY

Year	Private Enterprise		Local Authority
	New dwellings	Conversions	New dwellings
1960	2	-	-
1961	2	2	-
1962	2	-	38
1963	1	2	-
1964	7	-	-
1965	9	1	9
1966	12	2	51
1967	47	-	-
1968	12	4	-
1969	36	2	22

HOUSING ACT, 1969

This Act introduced a number of amendments to past legislation and new powers for securing the improvement of houses. The maximum amount of discretionary grant was increased to £1,000 and the Council may now allow repairs "necessary to make other improvements fully effective" to rank for grant. The maximum for standard grants was increased to £200 or £450 in certain special cases.

Those sections of the 1964 Act dealing with improvement areas were repealed and new powers were substituted. These widened the concept of improving houses to include improvements to the environment and improvement notices were abandoned in favour of a policy of securing voluntary co-operation supplemented by powers of compulsory purchase to be used where co-operation was not forthcoming.

An amendment to Section 9 of the Housing Act, 1957, provides improved powers to secure repairs but a natural disinclination to proceed is a result of the poor returns received by landlords in cases of controlled rents.

Discretionary Grants

Applications received.. .. .	2
Properties approved for grants.	2

Analysis of the 2 approved properties:

Owner/occupied:	2
Total amount of Discretionary grants approved in 1969.. .. .	£1,390. 0. 0d
Average grant per dwelling	£463. 0. 0d
Number of applications approved and completed in 1969	Nil
Number of applications approved in previous years and completed in 1969.. .. .	2

/Standard Grants

HOUSING ACT, 1969
(Continued)

Standard Grants

Applications received.. .. .	8
Properties approved for grants ..	8
Total amount of Standard grants approved in 1969	£1,220

12 properties were provided with the following amenities at a total cost of £2,578. Number where advantage taken of increased grant: 5.

Baths or showers in bathrooms.. ..	12
Wash-hand basins	11
Hot water systems.. .. .	12
Water closets.. .. .	9
Food stores	8

It will be appreciated that the total amount of grants paid in the current year must, of necessity, relate partly to grants made in previous years, the works having been completed in the year 1969.

Grants are a helpful incentive to the improvement of existing housing.

VISITS OF THE PUBLIC HEALTH INSPECTOR DURING 1969

Council houses - defects remedied	1,275
Private houses re defects	41
Food premises.	312
Streams and ditches	29
Infectious diseases	3
Insects and pests	12
Smoke and fume nuisances.. .. .	7
Offices, Shops and Railway Premises	18

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, welfare and safety of persons employed in offices, shops and certain railway premises.

At the end of 1969 the numbers of premises registered under this Act, were:-

Offices.. .. .	32
Retail Shops	70
Warehouses, wholesale shops.. .. .	7
Catering establishments open to the public, canteens	9
Fuel storage depots.. ..	Nil

FACTORIES ACT, 1961Inspections for purposes of provisions as to health

Premises	No. on Register	Inspections	Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	9	19	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	43	21	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
Totals	52	40	-	-

Particulars	Number of Cases in which defects were found				Number Cases in Which Prosecutions Were Instituted
	Found	Remedied	Referred		
			To H. M. Inspector	By H. M. Inspector	
Want of cleanliness	2	2	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences:					
(a) insufficient	-	-	-	-	-
(b) Unsuitable or Defective	2	2	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Totals	4	4	-	-	-

(Outwork Sections 133 and 134)

Nature of Work	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel: Making, etc	-	-	-	-	-	-
Cleaning & washing	-	-	-	-	-	-

INDUSTRIES

The numbers engaged in the main industries located in the Borough are given below:-

	As at 31st December, 1969			As at 31st December, 1968
	Male	Female	Total	Total
Aerated water manufacturers..	6	3	9	9
Bedding makers	4	-	4	2
Builders.	77	1	78	140
Catering and bakeries	12	47	59	52
Cinema	4	5	9	10
Coal merchants	9	1	10	10
Corn chandlers	9	1	10	15
Dairymen	17	9	26	24
Engineering works	225	54	279	265
Furniture removers	7	1	8	14
Hotels	29	45	74	47
Laundries	14	38	52	55
Pottery works	10	23	33	39
Printing works	11	15	26	31
Ship repairing	12	-	12	20
Toy manufacturers	12	66	78	90
Transport undertakings	83	3	86	72

Mass Miniature Radiography in Industry

A completely mobile, self-contained Mass X-ray Unit is available to visit any premises employing 100 persons or more in the East Sussex area. The only facility required is a parking site for two vehicles.

Over 100 people can be given free chest X-ray examinations in a period of one hour and, as there is no undressing, both men and women are X-rayed at the same session. Arrangements can be made either by telephone to Brighton 66017 or by letter to the Director, East Sussex Mass Radiography Unit, 26, Ditchling Road, Brighton BN1 4SF.

It is emphasised that the Mass X-ray Service is free and that no information is disclosed without the patient's consent.

Rye Market

The numbers of live stock sold in Rye Market during 1967, 1968 and 1969 are indicative of the activity on Market days and the importance of this venue to farmers for buying and selling in the Romney Marsh area:-

	1967	1968	1969
Cattle.. .. .	966	786	238
Sheep	45,460	43,694	43,508
Calves.. .. .	381	388	330
Rams	346	237	181
Pigs	4,235	2,836	3,729

The Market is a focal point in the economic life of Rye and the surrounding farming area.

/PORT OF RYE

PORT OF RYE

	1967	1968	1969
Vessels registered at the Port of Rye.. ..	51	56	62
Foreign ships bringing cargoes of timber	5	20	13
Coastal cargo arrivals	2	7	10
Yachts from overseas (pleasure craft) using Rye berthing facilities	146	125	168
Vessels engaged in fishing between Bexhill and Dungeness, which make use of facilities in Rye	115	122	122

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Number of properties inspected in 1969:-

- (a) as a result of complaint.. .. 51
 (b) by survey. 9

Number of properties found to be infested
 by rats or mice.. .. 32

Number of properties treated by Local
 Authority 32

Number of visits by Rodent Operative157

The Council employ a contractor for all major infestation and preventive measures. Minor complaints are referred to our own part-time operator.

METEOROLOGYRAINFALL FIGURES TAKEN IN RYE

Year	Number of days on which rain fell	Longest period of drought	Periods of drought
1961	97	30 days	3rd March-1st April inclusive
1962	104	15 days 20 days	11th-25th March inclusive. 5th-24th October inclusive.
1963	176	Nil	Nil
1964	89	25 days	1st-25th January inclusive.
1965	140	16 days	16th-31st October inclusive.
1966	158	17 days 16 days	4th-20th January inclusive. 4th May-10th June inclusive.
1967	141	15 days	29th June-13th July inclusive.
1968	138	Nil	Nil
1969	136	17 days	11th-28th July inclusive.

The definition of Drought is 15 days without rain.

Comparison with previous years is given in the following table:-

<u>Year</u>	<u>Total Rainfall</u>
1961.. ..	26.19 inches
1962.. ..	24.46 inches
1963.. ..	28.91 inches
1964.. ..	26.95 inches
1965.. ..	32.94 inches
1966.. ..	36.87 inches
1967.. ..	32.35 inches
1968.. ..	27.85 inches
1969.. ..	29.67 inches

